

Board Assurance Framework

March 2019

Produced by
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Contents



1.0	Executive summary
2.0	Strategic Objectives BAF Analysis
3.0	Strategic Objectives Risk Rating
3.0	BAF Tracker Risks Above Risk Appetite
4.0	BAF Tracker Risks Above Risk Appetite

1. Executive summary



Purpose

The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to delivery of the Trust's strategic objectives. BAF risks are mapped to the Trust's strategic objectives and reporting is managed through the DATIX system and escalated through the relevant Trust Committee structures.

Action plans for BAF risks are reviewed on a monthly basis are captured within the Trusts' Datix reporting system.

Executive Directors review open BAF risks on a monthly basis and the BAF risks are brought to Trust Committees at each meeting. The BAF tracker which includes the long term trend for each BAF risk is attached at Appendix A (above Appetite) and B (within Appetite).

Headlines

- Twenty three BAF risks have a Residual Risk Rating above the Risk Appetite set by the Trust.
- BAF 742 Safer staffing and Monitor's Agency Price cap: Risk reduced from 16 to 12 (High). The Month 10 2018/19 safe staffing fill rate is rated green, with both days and nights over the 90% fill rate. The overall RN fill for inpatient areas is 92.2% (days) and 95.3% (nights). In some wards, days and nights fall short of the desired 90% fill rate that we aim for, however Care Hours Per Patient Day (CHPPD) levels in these areas remain healthy. The CHPPD indicator is rated green.
- BAF 869 Capacity assumptions activity: Risk has been reduced from 25 to 20 (Extreme) as demand and capacity modelling have been updated following GW2 review.

- BAF 866 Expenditure Growth New ways of working: has reduced from 15 to 12 (High) following the GW2 review as the revised Operational plans have incorporated new ways of working into plans for 2019/20. This risk is now within Risk Appetite.
- There is one new risk BAF 1021 Potential for cyber breach and data loss which been added to the March BAF with a risk rating of 15 (Extreme) as agreed by the Board.

We have seen improvement in the average risk ratings against three strategic objectives: delivery of continuous quality improvement (SO 1.1); delivery of activity plans and meeting patient targets (SO 1.2) and delivering a safe and effective move (SO 3.1). The delivery of our financial plan (SO 3.2) has deteriorated but this movement is as result of a low rated risk being removed from the BAF.

The highest level of residual risks relate to delivery of financial objectives; delivery of the hospital move, and delivery of patient targets.

Other movements

One BAF risk has been closed in month (BAF 1030 Microsoft Software Licenses Non-compliance) as actions are in place to mitigate this risk.

The overall number of entries on the BAF will reduce in 2019/20 as a number of risks will crystallise following the land sale and the move into the new hospital and the agreement of the 2019/20 Operational Plan.

Recommendation

The Board are requested to note the BAF report for March 2019.

2 Risks Mapped to Strategic Objectives Analysis



Trust Objective	No. of Risk Mapped to Objective	Average RRR	Maximum RRR	Minimum RRR	Risks Opened in Month	Risks Closed in Month
1.1 QI	9	11	16	6		1
1.2 Pt Targets	5	14	20	8		
2.1 Staff	3	11	16	8		
2.2 Employer Rep.	3	16	16	16		
3.1 Move to NPH	11	12	20	6		
3.2 Finances	26	12	25	6		1
4.1 STP partners	2	11	12	9		
4.2 Innovation	4	11	16	6		

Trust Objectives 2018/2019 Key

1.1	To deliver continuous quality improvement	
1.2	Activity plan and meet our patient access targets	
2.1	Support and engage with our staff	
2.2	Enhance our reputation as an employer	
3.1	Deliver a safe and effective move	
3.2	Deliver our financial plan	
4.1	Work closely with our STP partners to agree a high quali	ty pl

4.1 Work closely with our STP partners to agree a high quality plan4.2 Innovate at our new hospital

Risks Opened in Month:	BAF 1021
Risks Closed in Month	BAF 1030

1 (awaiting mapping)

Trust Objectives as of 09.03.	19
1.1 QI 30 25 1.2 Pt Targets 4.2 Innovation 4.1 STP partners 3.2 Finances 3.1 Move to NPH	Average RRR No. of Risk Mapped to Objectiv Maximum RRR

3 Strategic Objectives by severity of Residual Risk Rating



	Severity - Residual Risk Rating											
Trust Objective	Avge RRR Jan	Avge RRR Mar	Maximum RRR	Minimum RRR	change in Avge RRR							
1.1 QI	12	11	16	6	0							
1.2 Pt Targets	15	14	20	8	0							
2.1 Staff	12	11	16	8	0							
2.2 Employer Rep.	14	16	16	16								
3.1 Move to NPH	13	12	20	6		1						
3.2 Finances	12	12	25	6	0	*						
4.1 STP partners	11	11	12	9	0							
4.2 Innovation	11	11	16	6	0							

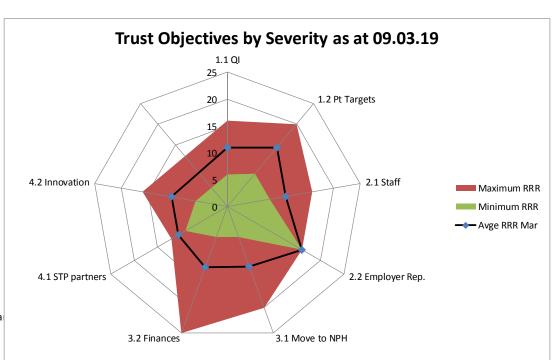
Trust Objectives 2018/2019 Key

1.1	To deliver continuous quality improvement
1.2	Activity plan and meet our patient access ta
2.1	Support and engage with our staff
2.2	Enhance our reputation as an employer
3.1	Deliver a safe and effective move
	6

3.2 Deliver our financial plan

4.1 Work closely with our STP partners to agree a high quality plan

4.2 Innovate at our new hospital



^{*} BAF 1030 closed with RR of 8 resulting in increase to ARR

Appendix A: BAF Tracker Risks Above Risk Appetite



BAF Tra	acker (09/03/2019 (references updated AJ 25/03)												
Produc	ed by	Anna Pearma	n, Risk Manager												
			tix will reflect the score given to the risk as close as possible to 12th of the mo	nth t	o ei	nabl	le new	Exec information	to be						
update	d on D	atix post mee	eting.					_							
<u>□</u>	◆ Exec	pauado	Title	◆ Jan-19	◆ Feb-19	Mar-19	Status since last month	→ ng running Trend	Risk Appetite as at 8/02/2019	Risk Appetite	% Risk Assurance	BAF with Datix action plan	CQC/PIPR	Trust Strategic Objectives 2018/2019 (Key at	Responsible Committee in addition to the Board
675	JR	11/06/2014	Failure to stay within ceiling trajectories for all HCAI's	8	8	8	\leftrightarrow	······	6	×	75%	Υ	Safe	1.1, 1.2, 2.1, 3.1,	Q&R
678	EM	11/06/2014	Failure to meet cardiac and cancer waiting targets	16	16	16			12	×	75%	Υ	Finance	1.2	Performance
684	JR	11/06/2014	Failure to release staff to undertake educational activity due to workload	9	9	9	\leftrightarrow		8	×	89%	Υ	People Manag. & Cult.	2.1	Q&R
690	RC	11/06/2014	Ageing Estate	12	12	12			6	×	50%	Υ	Safe	1.1, 3.1, 3.2	Q&R
730	RH	01/04/2015	R&D strategic recognition	12	12	12	‡		8	×	67%	Υ	Responsive	4.1	Q&R
742	JR	30/01/2015	Safer staffing and Monitor's Agency Price cap	16	16	12	\rightarrow		6	×	50%	Υ	Safe	1.1	Q&R
744	JR	15/01/2015	CQC Fundamentals of care	15	15	15	\Leftrightarrow		6	×	40%	Υ	Safe	1.1, 3.1	Q&R
833	RC	01/02/2016	Current Trading Income performance	20	20	20			10	×	50%	Υ	Finance	3.2	Performance
835	RC	01/02/2016	Current Trading Expenditure	20	20	20	\leftrightarrow		10	×	50%	Υ	Finance	3.2	Performance
836	EM	01/02/2016	Income Growth - targets	25	25	25	\leftrightarrow		12	×	48%	Υ	Finance	3.2	Performance
837	EM	01/02/2016	Income Growth - case mix	20	20	20	\leftrightarrow	J	12	×	60%	Y(F)	Finance	3.2	Performance
841	EM	01/02/2016	Delivery of Efficiency Challenges - CIP Board approved	20	20	20	\leftrightarrow		12	×	60%	Υ	Effective	3.2	Performance
843	EM	01/02/2016	Delivery of Efficiency Challenges - CIP targets	20	20	20	\leftrightarrow	,	12	×	60%	Y(F)	Effective	3.2	Performance
865	EM	01/02/2016	Income Growth - activity transfers	20	20	20	\leftrightarrow		12	×	60%	Y(F)	Finance	3.1	Performance
868	EM	01/02/2016	Capacity assumptions - length of stay	12	12	12	\leftrightarrow		10	×	83%	Y(F)	Responsive	1.2	Performance
869	EM	01/02/2016	Capacity assumptions - activity	25	25	20	\rightarrow		10	×	50%	Y(F)	Responsive	1.2	Performance
1021	AR	17/02/2016	NEW BAF risk: Potential for cyber breach and data loss			15	1		3	×	20%	Υ			SPC
1162	EM	07/07/2016	If we don't engage with STP we won't influence local strategy for Cardiology	9	9	9	\Rightarrow		8	×	89%	Υ	Transformation	4.1	SPC
1695	ОМ	22/09/2017	Insufficient workforce levels to meet the staffing requirements of new RPH	16	16	16	\$	***************************************	12	×	75%	Υ	Safe	1.1, 1.2, 3.1, 4.2	SPC
1787	JR	22/12/2017	Optimisation of the EPR systems	12	12	12		***************************************	6	×	50%	Υ	Safe	1.1	Q&R
1853	ОМ	27/04/2018	Turnover in excess of target and will increase as a result of the move	16	16	16			6	×	38%	Υ	Safe	2.2	Performance
1854	ОМ	27/04/2018	Unable to recruit number of staff with the required skills/experience.	16	16	16			6	×	38%	Υ	Safe	2.2	Performance
1929	ОМ	23/07/2018	Low levels of Staff Engagement	16	16	16	‡		9	×	56%	Y(HR)	People Manag. & Cult.	2.1, 2.2	Q&R

Appendix B: BAF Tracker Risks Below Risk Appetite



d. · -	نيما لم م	Anna Daarnas:- 5	erences updated AJ 25/03)												
roauc	ea by i	Anna Pearman, F	kisk Manager												
lote:	Data t	aken from Datix	will reflect the score given to the risk as close as possible to 12th of the mo	onth t	o ei	nabl	e new	Exec information	to be						
pdate	d on D	atix post meetin	ng.												
Q	◆ Exec	panado	Title	4 Jan-19	◆ Feb-19	Mar-19	Status since last month	ng running Trend	Risk Appetite as at 8/02/2019	Risk Appetite	% Risk Assurance	BAF with Datix	COC/PIPR	Trust Strategic Objectives 2018/2019 (Key at	
689	AR	11/06/2014 Pa	thology IM&T systems	12	12	12	\leftrightarrow		12	$\overline{\mathbf{V}}$	100%	Υ	Transformation	4.2	SPC
731	RH	01/04/2014 Re	search Good Clinical Practice and Research Governance	6	6	6			8	$\overline{\mathbf{V}}$	133%	Υ	Responsive	1.1	Q&R
746	RC	01/01/2015 Fu	ture financial performance	6	6	6			12	$\overline{\mathbf{V}}$	200%	Υ	Finance	3.2	Performance
838	JR	01/02/2016 Ind	come Growth - CQUIN rates	9	9	9	+		12	$\overline{\mathbf{V}}$	133%	Υ	Finance	3.2	Performance
839	RC	01/02/2016 Eff	ficiency Assumptions - inflation rates	8	8	8	\leftrightarrow	/	12	$\overline{\mathbf{V}}$	150%	Υ	Finance	3.2	Performance
840	RC	01/02/2016 Eff	ficiency Assumptions - tarrif changes	8	8	8	\leftrightarrow		12	$\overline{\mathbf{V}}$	150%	Υ	Finance	3.2	Performance
847	RC	01/02/2016 Va	riations on the New Hospital	10	10	10	\leftrightarrow		10	$\overline{\mathbf{V}}$	100%	Υ	Transformation	3.1, 3.2	Performance
849	RC	01/02/2016 W	hole Hospital Equipping Plan - loan draw down	6	6	6	\leftrightarrow	-√~,	12	$\overline{\mathbf{A}}$	200%	Υ	Transformation	3.2	Performance
850	RC	01/02/2016 W	hole Hospital Equipping Plan purchases vs Ioan value	8	8	8			12	$\overline{\mathbf{V}}$	150%	Υ	Transformation	3.1, 3.2	Performance
852	RC	01/02/2016 Op	perational Transition - Transitional Relief (profile change)	6	6	6	‡		9	$\overline{\mathbf{V}}$	150%	Υ	Finance	3.1, 3.2	Performance
858	JR	01/02/2016 Ele	ectronic Patient Record System - benefits (Linked to ID1787)	6	6	6	‡		12	$\overline{\mathbf{V}}$	200%	Υ	Transformation	1.1, 4.2, 3.2	SPC
866	RC	01/02/2016 Ex	penditure Growth - New ways of working	15	15	12	\rightarrow	,	12	$\overline{\mathbf{V}}$	100%	Υ	Transformation	3.1, 3.2	Performance
872	RC	01/02/2016 Eff	ficiency assumptions - government policy changes	6	6	6		v	12	$\overline{\mathbf{V}}$	200%	Υ	People Manag. & Cult.	3.2	Performance
873	RC	01/02/2016 Ma	aster Development and control plans - sale value	10	10	10	+	······	10	$\overline{\mathbf{A}}$	100%	Υ	Finance	3.2	Performance
874	RC	01/02/2016 Ma	aster Development and control plans - sales dates	10	10	10	‡		10	$\overline{\mathbf{V}}$	100%	Υ	Finance	3.2	Performance
875	RC	01/02/2016 Ma	aster Development and control plans - local planning regulations	10	10	10	\leftrightarrow	······································	10	$\overline{\mathbf{A}}$	100%	Υ	Transformation	3.2	Performance
877	RC	01/02/2016 Ur	nitary Payment - RPI increases	9	9	9	\leftrightarrow		9	$\overline{\mathbf{V}}$	100%	Υ	Finance	3.2	Performance
882	RC	01/02/2016 W	hole hospital equipping plan - deficit position	12	12	12	\leftrightarrow		12	$\overline{\mathbf{V}}$	100%	Υ	Finance	1.1, 3.1, 3.2	Performance
884	RC	01/02/2016 Op	perational Transition - Transitional Relief (accounting treatment)	6	6	6	\leftrightarrow		9	$\overline{\mathbf{V}}$	150%	Υ	Finance	3.2	Performance
1427	RC	10/02/2017 Fa	ilure to deliver the operational financial plan 2016/17	10	10	10			12	$\overline{\mathbf{V}}$	120%	Υ	Finance	3.2	Performance

Appendix C: NPSA Risk Scoring Matrix



Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood	Likelihood										
	1	2	3	4	5							
Consequence	Rare	Unlikely	Possible	Likely	Almost certain							
5 Catastrophic	5	10	15	20	25							
4 Major	4	8	12	16	20							
3 Moderate	3	6	9	12	15							
2 Minor	2	4	6	8	10							
1 Negligible	1	2	3	4	5							

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

